

caine abusers can be retained and effectively treated. Weaknesses of the design, interpretation of findings including treatment intensity effects, and implications for future research will be discussed.

EFFECTS OF CASE MANAGED RESIDENTIAL CARE FOR HOMELESS ADDICTED VETERANS. Kendon J. Conrad, Northwestern University Center for Health Services and Policy Research, Evanston, IL.

Previous studies have indicated that 32–51% of homeless men are veterans. National figures indicate that substance abuse now outstrips mental illness as the most serious health problem of this population, although a large proportion of homeless substance abusers also have a diagnosis of chronic mental illness. Research on substance abuse treatment is considered a high priority by the Department of Veterans Affairs (VA) since the impact of substance abuse on the VA is enormous. To address these issues, a study was done to assess the effectiveness of case managed residential care (CMRC) in comparison to customary VA care on homeless addicted veterans.

The CMRC is an innovative social model of care that integrates residential treatment for up to six months with linkage to employment, sobriety, community housing and health services all under the guidance of a case manager for a period of one year. Customary VA care features a 21 day hospital treatment program and referral to community services.

Method. Using a randomized pretest/posttest design, the study enrolled 270 homeless veterans with a primary diagnosis of substance abuse, a third of whom also had a diagnosis of chronic mental illness. Assessments were made at baseline, discharge, and 3, 6, 9, and 12 month posttests.

Results and Discussion. At the nine month posttest the study found positive effects on *t*-tests of the four principal hypotheses: (1) a decrease in alcohol and/or drug use; (2) an increase in levels of shelter and residential stability; (3) improvement in economic and employment status; and (4) improvement in mental health status. The findings have significant implications for the improvement of VA services to this needy, underserved population. These implications, the strengths and limitations of the study, and the needs for future research are discussed.

OUTCOMES FROM A TRIAL OF INTENSIVE CASE MANAGEMENT FOR CHRONIC PUBLIC INEBRIATES. Gary Cox, University of Washington, Seattle, WA.

Chronic public inebriates are persons for whom the severity of their disability is well documented, and who socially are very expensive, but for whom little treatment effort is extended. This paper reports initial results from a clinical trial of an intensive case management intervention for these clients.

Subjects were 298 homeless, high-frequency users of the county Detoxification Center. Women and Native American men were oversampled. Of the total sample, 240 (81%) were male, 132 (44%) were caucasian, 98 (33%) Native American, 48 (16%) African American, and 20 (7%) Latino. The average age was 42.9 years, and average years of education 11.6.

Instruments. The outcome variables are from the Addiction Severity Index and the housing portions of the Personal History Form.

Procedure. Subjects were recruited through the Detox center. Those who agreed to participate were administered the baseline interview, and were then randomly assigned to intensive case management or treatment as usual conditions. Follow-up interviews were administered at six month intervals for two years. Caseloads were 15, and the case management was delivered for the duration of the project.

Follow-up rates at each point for living Ss averaged about 82%. Results are for the first three follow-up periods. Using several different indices of alcohol and drug use, the case managed Ss showed significantly lower use. Income from entitlements significantly favored the experimental group at 6- and 18-months. Differences in days bothered by medical problems favored the experimental group, reaching significance at 18-months. The experimental group always reported fewer days without housing and more days in "own place," but the differences reached significance for the former only at 6- and 18-months, and for the latter at 6-months.

These results show a fairly clear pattern of superiority for the case managed group compared to the standard treatment controls. The effects are not necessarily large, but given the severity of the disability of the clients, are quite striking.

MODIFIED THERAPEUTIC COMMUNITIES: EFFECTIVE INTERVENTIONS FOR HOMELESS SUBSTANCE ABUSERS. Sally Stevens, Amity Teaching Communities, Tucson, AZ.

Each decade the homeless population continues to grow. Almost all homeless adults are unemployed and many exhibit alcohol, drug and other health problems. Effective interventions to address homelessness, employment, substance abuse, and health are critical if we are to address and meet the needs of this population.

The Amity Settlement Services for Education and Transition (ASSET) project was funded by the National Institute of Alcohol Abuse and Alcoholism (NIAAA). The project developed two promising interventions to meet the special needs of the adult homeless substance abusers in Tucson, Arizona. The project also utilized a nonequivalent comparison group so that outcome measures from the two interventions could be compared with a similar group who only received the usual services in the wider community.

The participants included 358 adults who were randomly assigned to one of the two treatment conditions; a 4 month modified residential therapeutic community or a 4 month modified *non*-residential therapeutic community. One hundred thirty-five subjects were recruited to participate in the "research only" nonequivalent comparison group. Assessment instruments were given at baseline, two months, four months (discharge), seven months, ten months, and 13 months observation points.

Outcome measures indicated reductions in alcohol use and drug use and increases in housing stability and employment for the two intervention groups. This data significantly differed from data observed from those who participated in the nonequivalent comparison group. Difference between the two interventions were not observed.

The treatment model, research design, instrumentations